

Prop-

Prop 93

FILED ELECTRONICALLY 7194.01

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 93, Citizens for Accountability and Legislative Reform		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1299457	Report No. 26	RECEIVED AND FILED in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State	
CITY Sacramento, CA	STATE CA	ZIP CODE 95814-		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	Farmers Employees and Agents PAC (H901422) Mill Valley, CA 94941	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party
SCC - Small Contributor Committee

FILED ELECTRONICALLY

Reason for Amendment: _____

CP
PAGE 2 OF 4
CA DEMOCRATIC PARTY
01/30/2008 17:56 9164425991

Misc, Prop 93

1073

HUNG OFFICIAL: Please endorse the attached copy of this notice and return it in the enclosed, addressed, stamped envelope to Olson, Hagel & Fishburn, LLP.

Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER Democratic State Central Committee of California		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State 497 For Official Use Only R
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741566	Report No. LC-438		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2008	Yes on Prop 93, Committee for Term Limits Reform Sacramento, CA 95811 I.D. Number: 1296108	Prop 93, Statewide	193,835.56 #2008-0006	02/05/2008
	(MEMO) non-monetary contribution			

Reason for Amendment: _____

- ☒ Secretary of State
☐ Alameda County
☐ Santa Barbara County
- ☐ FEC
☐ Fresno County
☐ Santa Clara County
- ☒ Los Angeles County
☐ Merced County
☐ Santa Cruz County
- ☒ SF City & County
☐ Monterey County
☐ Sclano County
- ☐ Sacramento County
☐ San Joaquin County
☐ Yolo County
- ☐ City of Sacramento

If Other Than Above Please List: _____

2 of 3

Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER Democratic State Central Committee of California		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILE DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741566	Report No. LC-438 in the office of the Secretary of State of the State of California		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/29/2008	Northern Calif. Carpenters Regional Council Small Contributor Committee Oakland, CA 94621 I.D. Number: 972104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 #2008-0009 <input type="checkbox"/> Check # Loan
01/29/2008	Pechanga Band of Mission Indians Temequa, CA 92553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 #2008-0007 <input type="checkbox"/> Check # Loan
01/29/2008	Haim Saban Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair and CEO Saban Capital Group	10,000.00 #2008-0010 <input type="checkbox"/> Check # Loan

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

- | | | | | | |
|--|---|--|--|---|---|
| <input checked="" type="checkbox"/> Secretary of State | <input type="checkbox"/> FEC | <input checked="" type="checkbox"/> Los Angeles County | <input checked="" type="checkbox"/> SF City & County | <input type="checkbox"/> Sacramento County | <input type="checkbox"/> City of Sacramento |
| <input type="checkbox"/> Alameda County | <input type="checkbox"/> Fresno County | <input type="checkbox"/> Merced County | <input type="checkbox"/> Monterey County | <input type="checkbox"/> San Joaquin County | |
| <input type="checkbox"/> Santa Barbara County | <input type="checkbox"/> Santa Clara County | <input type="checkbox"/> Santa Cruz County | <input type="checkbox"/> Solano County | <input type="checkbox"/> Yolo County | |

If Other Than Above Please List: _____

3 of 3

Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER Democratic State Central Committee of California		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	RECEIVED AND FILED In the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741666	Report No. LC-438			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/29/2008	State Building & Construction Trades Council of California PAC Sacramento, CA 95814 I.D. Number: 743501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		#2008-0008 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

* Contributor Codes

☒ IND - Individual
☐ COM - Recipient Committee (other than PTY or SCC)
☐ OTH - Other
☐ PTY - Political Party
☐ SCC - Small Contributor Committee

Reason for Amendment: _____

- | | | | | | |
|--|---|--|--|---|---|
| <input checked="" type="checkbox"/> Secretary of State | <input type="checkbox"/> FEC | <input checked="" type="checkbox"/> Los Angeles County | <input checked="" type="checkbox"/> SF City & County | <input type="checkbox"/> Sacramento County | <input type="checkbox"/> City of Sacramento |
| <input type="checkbox"/> Alameda County | <input type="checkbox"/> Fresno County | <input type="checkbox"/> Merced County | <input type="checkbox"/> Monterey County | <input type="checkbox"/> San Joaquin County | |
| <input type="checkbox"/> Santa Barbara County | <input type="checkbox"/> Santa Clara County | <input type="checkbox"/> Santa Cruz County | <input type="checkbox"/> Solano County | <input type="checkbox"/> Yolo County | |

If Other Than Above Please List: _____

**Slate Mailer
Late Payment Report**

Type or print in ink.
Amounts may be rounded to whole dollars.

☐ Amendment No. _____

Report No. _____ 3

RECEIVED SLATE MAILER LATE PAYMENT REPORT	
Date Stamp of the State of Califo	CALIFORNIA FORM 498
JAN 30 2008	For Official Use Only
DEBRA BOWEN Secretary of State	

NAME OF SLATE MAILER ORGANIZATION

Your Ballot Guide

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

818-990-4002

588011

STREET ADDRESS

CITY

STATE

ZIP CODE

Sherman Oaks CA, 91403

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Alliance For California's Renewal

ADDRESS

CITY

STATE ZIP CODE

Rancho Santa Margarita, CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/30/2008

AMOUNT

\$

11,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☒ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$ 11,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

6P

Prop 93

1 of 1.

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Central California Leadership Alliance Independent Expenditure PAC		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	CALIFORNIA FORM 497 RECEIVED AND FILED in the office of the Secretary of State For Official Use Only DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 916-442-7757	ID. NUMBER (if applicable) 1300534	Report No. 152801-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814	No. of Pages 2	R

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2009	Committee to Protect California's Future (#1277456) Sacramento, CA 95814 Check dated 01/25/08, delivered 1/30/08, Support of Proposition 93	Committee to Protect California's Future	100,000.00	

Reason for Amendment: _____

Cand

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Lieber 2012		Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 408-748-1964	I.D. NUMBER (if applicable) 1294849	Report No. 01302008	RECEIVED AND FILED in the office of the Secretary of of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State	
CITY Sacramento, CA	STATE CA	ZIP CODE 95841	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Yes on Prop. 93, a Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assemblymembers de Leon, Nunez, Bass (#1296108) Sacramento, CA 95841	Term Limits and Legislative Reform Act Statewide	10,000.00	02/05/2008

Reason for Amendment: _____